

DRAFT

TO: Each Supervisor

FROM: The Los Angeles County Commission for Women – Health Committee

The Health Committee of the Los Angeles County Commission for Women (LACCW) recently reviewed data regarding the potential impact of the Patient Protection and Affordable Care Act of 2010 (ACA) on healthcare access for Angelenos; in particular, for women living in Los Angeles County. This review was conducted from January 2015 to September 2016.

Our Committee

The composition of the LACCW Health Committee represents a broad range of health care professionals and advocates who met quarterly during 2014-2016. In addition to LACCW members, attending the Committee meetings were women representing: the Los Angeles County Department of Public Health's Office of Women's Health, South Bay Family Health Care, Blue Zones Project of Beach Cities Health District, Torrance Memorial Medical Center (Board of Directors), Jewish Family Service of Los Angeles, Soroptimist International, American Heart and Stroke Association, American Cancer Society, and members from the community with expertise in registered nursing, mental health, health education and prevention, and health resource libraries.

Our Review of Current Data

General Statistics

According to a 2016 report, researchers from Mount St Mary's University reported that in 2010, 80% of women in Los Angeles County had health insurance; by 2014, this coverage had increased to 86%.¹ According to this report, there are 5.1 million women and girls in the region – 1.8 million of them are immigrants; a large proportion live in poverty especially for subgroups such as Latina and African American; women compose 33% of the county's homeless (1 out of 5 indicate they are homeless due to domestic violence. In 2014, there were 39,145 calls for law enforcement assistance related to domestic violence), and 6 in 10 of those who are working have children under the age of 6 years.¹

Statistics about Health Insurance Coverage

In August 2016, the Kaiser Family Foundation reported that, presently, 72% of Californians who were uninsured at the beginning of 2014 now have health insurance.² 33% of the uninsured obtained Medi-Cal managed care insurance, 21% received health coverage from their employers, and 11% bought a plan through Covered California. The remainder have not been insured at this time.² For children who are undocumented in the state, the passage of Senate Bill 4 allowed access to health insurance coverage.³

The *Los Angeles Daily News* reported that 46% of the 1.55 million uninsured in the county are primarily Latino (69%), 46% are non-citizens, and 23% are at or below the poverty level. My Health LA has provided health care for those undocumented who fall below the federal poverty level.⁴ Unfortunately, cost remains prohibitive for the purchase of health insurance among nearly half of the survey participants interviewed by the Kaiser Family Foundation (47%).²

Although health insurance coverage has increased during the past several years, there remain a number of barriers that may still limit access to healthcare, especially for women. For many, the nuances and issues surrounding the potential barriers are not well understood and lack robust research support of the topic area.

Our Concerns

The Health Committee of the LACCW has the following concerns:

- Many newly insured lack health “insurance literacy.” More than 40% of this vulnerable population are not enrolled or assigned to a medical home that focuses on team-based care. Although 75% of those who are insured have access to primary care services⁴, the confusion over the coverage process and how best to navigate the assigned local health system represents a significant challenge for these who are newly insured.
- While one of ACA’s goal is to improve health by shifting coordination and delivery of care to primary care physicians rather than the more expensive model of emergency services utilization, it was noted by one community hospital in Los Angeles County that during a three year period from 2012 to 2015, Emergency Department utilization still increased from 65,000 visits to 78,000 visits.⁵ Additionally, the capacity by primary care physicians to accept new patients may be limited; many of them already have a significant patient load (i.e., 5,811 primary care physicians serve the population of LA County).⁶ Both longer times to schedule appointments and long wait times at the primary care office are to be expected.
- Long-term affordability of health insurance for those not subsidized can directly affect the middle class. The *Los Angeles Times* recently reported that rates for the 2017 year could rise as much as 13% and noted that insurance premiums increased 4.2% in 2015 and 4% in 2016.⁷ Higher deductibles and increased co-payments are to be expected.

Our Recommendations

The Health Committee recommends the following:

- (1) The County of Los Angeles should continue to assist local and state efforts to outreach into high needs communities where health insurance coverage is low.
- (2) With more than two hundred languages spoken in the county, particular attention should be paid to both language and cultural sensitivity in these outreach efforts. The use of Promotores and families members to help with enrollment, for example, may help to eliminate the fear, address stigma, and encourage support for choosing to become insured.
- (3) Providing outreach to uninsured populations in places where they shop or worship may represent underutilized opportunities for recruitment; and.
- (4) Other strategies to increase and sustain health insurance coverage in the community may include...
 - Once insured, ongoing support is needed to detail and incentivize how to use coverage, find a medical home, and appropriately access providers.
 - Support is needed to teach the use of technology.
 - Outreach with appropriate and culturally sensitive messaging to these populations is essential as is the need to generate trust.
 - Incentivize the use of the medical home instead of the hospital system.
 - Provide childcare and free transportation options (when possible).

- Explore the use of trained volunteers to assist with these efforts.
 - Co-locate aligned services (e.g., physical and mental health) to make access and coordination seamless.
 - Better promote existing resources. (Women's Health Hotline and 211)
- (5) On the provider side, increasing the number of primary care providers and the scope of practitioners who can provide primary care services would significantly ease the burden on the current health care systems. Potential strategies that can help improve this shortage of qualified providers may include the following.
- Incentivize college students to go into medicine, nursing, and aligned medical fields.
 - Provide more training options for behavioral and healthcare clinicians.
 - Reevaluate the training model for lower level primary practitioners (e.g., physician assistants, medical assistants, community health workers) so they can provide early screenings.
 - Decrease the time to pay practitioners for subsidized services.
 - Continue to focus efforts on translation and technology to assist those newly engaged in order to keep them in the system.
 - Support and increase of Medi-Cal payments to physicians.

Our Summary

The expansion of health care to women in our county has had notable good success. But with the launch of Covered California, diligent effort to constantly improve support is needed and should be provided. By monitoring issues and addressing solutions through a systematic and collaborative process, the support to maintain access to health care for all, especially for women in Los Angeles County, can be assured and improved. The LACCW will continue to play its critical role in monitoring these activities and in providing suggestions that could help address issues arising from the ongoing transformation of the local healthcare system.

¹ The 2016 *REPORT ON THE STATUS OF WOMEN IN LOS ANGELES COUNTY* was commissioned by the Los Angeles County Commission for Women (LACCW) and prepared by Mount Saint Mary's University.

² Kaiser Family Foundation. Information available at: <http://kff.org/health-reform/> [Accessed September 2, 2016].

³ California Senate Bill No. 4. Health care coverage: immigration status. (2015-2016). Information available at: https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB4 [Accessed September 2, 2016]

⁴ "Affordable Care Act: Despite expanded health insurance, LA County faces big challenges" by Ronald Campbell, CHCF Center for Health Reporting, *Los Angeles Daily News* online, October 7, 2015. [Accessed September 2, 2016]

⁵ Unpublished data from Torrance Memorial Medical Center, 2012-2015.

⁶ California HealthCare Foundation, California Health Care Almanac, California Physician Facts and Figures, July 2010, page 7. Information available at: <http://www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/PDF%20C/PDF%20CaliforniaPhysicianFactsFigures2010.pdf> [Accessed September 2, 2016]

⁷ Petersen M, Levey NN. "California Obamacare rates to rise 13% in 2017, more than three times the increase of last two years." Article available at: <http://www.latimes.com/business/la-fi-covered-california-rates-20160718-snap-story.html> [Accessed September 2, 2016].

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